

State of Idaho  
Department of Water Resources

THIS BLOCK FOR DEPARTMENT USE ONLY:  
Application No.

± Approved ± Denied ± Canceled ±  
Withdrawn  
If License Issued - Drilling Company License No.  
\_\_\_\_\_

## APPLICATION FOR WELL DRILLING COMPANY LICENSE

Incomplete Applications Will Not Be Processed  
This application to be signed by the Principal Driller Applicant

### SECTION A - INFORMATION REGARDING THE DRILLING COMPANY:

1. Name of Drilling Company: \_\_\_\_\_
2. Principal Driller Applicant:  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name or Initial \_\_\_\_\_  
Primary business address and phone numbers for Principal Driller Applicant:  
P.O. Box \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_
3. Drilling Company Owner (if different from Principal Driller Applicant): \_\_\_\_\_  
Street or P.O. Box \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_
4. Show licenses or permits the Drilling Company were issued by other States relative to well drilling:  
State License No. Period Licensed or Permitted  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. References for the Company: List the name and address of three (3) disinterested persons who can attest to the Company's past well drilling operations, if any, and related business activities.  
(1) Name \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_  
(Street address &/or PO Box) (City) (State) (Zip Code)  
(2) Name \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_  
(Street address &/or PO Box) (City) (State) (Zip Code)  
(3) Name \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_  
(Street address &/or PO Box) (City) (State) (Zip Code)
6. Provide with this application: a complete record of the well construction related compliance history of the company, the owners, and the employees of the company.

7. The Drilling Company intends to operate the following well drilling rigs (attach extra sheet if necessary):

Type	How Many	Year	Make	Model
Air Rotary				
Auger				
Cable Tool				
Core Drill				
Direct Push				
Jetted				
Mud Rotary				
Reverse Circulation				
Sonic Vibration				

8. Rule 31.01(f) of the “Well Driller Licensing Rules” provides that a list of drill rigs and related equipment is to be submitted with an application for a license for a drilling company. The application requirement is satisfied by submitting a list of all drill rigs owned or used by the company. A list of related equipment routinely used in drilling is not required; however, the company may choose to list any specialized equipment (e.g. grouting equipment, down-hole cameras, blowout prevention equipment, equipment to allow drilling in high temperature water, etc.) it owns or uses for non-routine drilling situations.

EQUIPMENT TYPE	AVAILABILITY	MAKE	DESCRIPTION
	<b>G</b> Own <b>G</b> Rent		
	<b>G</b> Own <b>G</b> Rent		
	<b>G</b> Own <b>G</b> Rent		
	<b>G</b> Own <b>G</b> Rent		
	<b>G</b> Own <b>G</b> Rent		
	<b>G</b> Own <b>G</b> Rent		
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	<b>G</b> Own <b>G</b> Rent		
	<b>G</b> Own <b>G</b> Rent		
	<b>G</b> Own <b>G</b> Rent		
	<b>G</b> Own <b>G</b> Rent		

9. Licensed Drillers - List in the space provided below: The name, address and phone number of the proposed Licensed Driller(s) who will be covered by the well driller's bond; and be responsible for oversight of all drilling operations for your drilling company and the approval of Well Driller's Reports. Do NOT use the company's address unless that individual is living at that address.

**LIST OF PROPOSED LICENSED DRILLERS EMPLOYED BY THE DRILLING COMPANY  
AND COVERED UNDER THE WELL DRILLER'S BOND**

*A completed APPLICATION FOR LICENSED DRILLER'S CARD (Form 238-9) and appropriate fee must be submitted for each of the individuals listed in this table - except for the Principal Driller applicant (the APPLICATION FOR WELL DRILLING COMPANY'S LICENSE includes the information regarding the Principal Driller applicant).*

<b>Principal Driller's Name (same person as listed on page 1):</b>		<b>Phone No:</b>	
<b>Home Street Address or PO Box:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code</b>
<b>Name:</b>		<b>Phone No:</b>	
<b>Home Street Address or PO Box:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Name:</b>		<b>Phone No:</b>	
<b>Home Street Address or PO Box:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Name:</b>		<b>Phone No:</b>	
<b>Home Street Address or PO Box:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Name:</b>		<b>Phone No:</b>	
<b>Home Street Address or PO Box:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Name:</b>		<b>Phone No:</b>	
<b>Home Street Address or PO Box:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Name:</b>		<b>Phone No:</b>	
<b>Home Street Address or PO Box:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Name:</b>		<b>Phone No:</b>	
<b>Home Street Address or PO Box:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Name:</b>		<b>Phone No:</b>	
<b>Home Street Address or PO Box:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Name:</b>		<b>Phone No:</b>	
<b>Home Street Address or PO Box:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Name:</b>		<b>Phone No:</b>	
<b>Home Street Address or PO Box:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

10. Class II and Class I Operators: List in the proper spaces provided below the name, home address and phone number of the proposed Class II and Class I Operators (attach extra sheet if necessary). Do **NOT** use the company's address unless that individual is living at that address.

<b>LIST OF PROPOSED CLASS II OPERATORS</b> Class II operators are required to receive adequate supervision as defined in the Idaho Well Driller Licensing Rules. <i>A completed Application for Class II Operator's Permit and appropriate fee must be submitted            for each of the individuals listed in this table.</i>			
Name:		Phone No:	
Home Street Address or PO Box:	City:	State:	Zip Code:
Name:		Phone No:	
Home Street Address or PO Box:	City:	State:	Zip Code:
Name:		Phone No:	
Home Street Address or PO Box:	City:	State:	Zip Code:
Name:		Phone No:	
Home Street Address or PO Box:	City:	State:	Zip Code:
Name:		Phone No:	
Home Street Address or PO Box:	City:	State:	Zip Code:
Name:		Phone No:	
Home Street Address or PO Box:	City:	State:	Zip Code:

<b>LIST OF PROPOSED CLASS I OPERATORS</b> These individuals are entry level or apprentices and are required to be supervised <u>at all times</u> while operating equipment. <i>A completed Application for Class I Operator's permit and appropriate fee is required to be submitted            for each individual listed in this table. No exam is required for Class I Operator applicants..</i>			
Name:		Phone No:	
Home Street Address or PO Box:	City:	State:	Zip Code:
Name:		Phone No:	
Home Street Address or PO Box:	City:	State:	Zip Code:

**SECTION B - INFORMATION REGARDING THE PRINCIPAL DRILLER APPLICANT:**

11. Date of birth:      Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Place of birth:      City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

12. Have you completed classroom study related to well drilling, geology, or other?

☐ Yes      ☐ No

School Attended	Hours Completed	Credits Received
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. Describe your experience, training, and responsibilities relative to operation of well drilling equipment and well construction and design (use an additional sheet if needed).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Show licenses or permits YOU were issued by other States relative to well drilling

State	License No.	Period Licensed or Permitted
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section B - Information Regarding the Principal Driller Applicant- Continued

15. References verifying experience: List the name and address of three (3) persons who can attest to your understanding and experience related to water well construction and drilling, two (2) of whom must be persons other than present employer, fellow employees, or relatives.

(1) Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
(Street address &/or PO Box) (City) (State) (Zip Code)

(2) Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
(Street address &/or PO Box) (City) (State) (Zip Code)

(3) Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
(Street address &/or PO Box) (City) (State) (Zip Code)

16. Have you passed an Idaho well driller's exam?

☐ If yes, give the date and place: \_\_\_\_\_

Note: If it has been three (3) or more years since you last held a valid licensed driller's card in Idaho, you will be required to retake the exam.

☐ If NO, give the Department Region where you wish to be examined: \_\_\_\_\_

Please bring a calculator with you to take the well driller's exam. The Department cannot provide one for you.

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**SECTION C - CERTIFICATION**

To Be Completed by Principal Driller Applicant

ATTENTION: READ THE FOLLOWING PARAGRAPHS BEFORE SIGNING THIS APPLICATION

A false or dishonest answer to any question in this application may be grounds for revocation or refusal to renew the Well Drilling Company's License. All statements made are subject to investigation.

I certify that the Drilling Company will comply with the Idaho Statutes and Department Rules.

I certify that all of the statements made in this application are true and correct to the best of my knowledge.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Principal Driller Applicant)

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Receipt No. \_\_\_\_\_ Fee \$ \_\_\_\_\_ Date \_\_\_\_\_ Received by \_\_\_\_\_



## INSTRUCTIONS FOR APPLYING FOR A WELL DRILLING COMPANY'S LICENSE

The person (applicant) requesting the well drilling company's license must be qualified as the Principal Driller of the Company. The applicant must meet the requirements of the Rules, some of which are:

1. APPLICATION:

An Application for Well Drilling Company's License (Form 238-1) must be completed and submitted to the Region Office of the Department of Water Resources where the Idaho Well Driller's Exam will be taken, **AT LEAST 20 DAYS PRIOR TO** scheduling the exam.

2. FEE:

A \$200 licensing fee must accompany the application for a license, as required by Section 015.01.h, Idaho Code.

3. EXPERIENCE:

A minimum of 30 months well drilling experience is required to become a Licensed Driller. Twelve (12) of the thirty (30) months drilling experience must have occurred within the five (5) year period immediately preceding the filing of the application. At least three references are required verifying this experience. Two references must be persons other than present employer/fellow employees, or relatives. The mailing addresses must be complete and phone numbers given.

Ž The applicant's history of drilling experience should include the length of time for each employer and the type of work done for each employer.

4. EXAM:

Each section of the Idaho Well Drillers Exam must be taken and passed. Exams will be given on the first Monday of each month. In the event that the first Monday is a legal holiday, the exams may be given on the second Monday. The Region must be notified in advance if you cancel a scheduled exam. You must bring a calculator to take the Well Driller's Exam.

### TO SCHEDULE A WELL DRILLER'S EXAM, CALL ONE OF THE FOLLOWING REGION OFFICES:

Idaho Department of Water Resources

Western Region Office

2735 Airport Way

Boise, ID 83705-5082

Phone: (208) 334-2190

Idaho Department of Water Resources

Northern Region Office

1910 Northwest Blvd. Suite 210

Coeur d'Alene, ID 83814-2615

Phone: (208) 769-1450

Idaho Department of Water Resources

Eastern Region Office

900 N. Skyline Drive, Suite A

Idaho Falls, ID 83402-1718

Phone: (208) 525-7161

Idaho Department of Water Resources

Southern Region Office

1341 Fillmore Street, Suite 200

Twin Falls, ID 83301-3380

Phone: (208) 736-3033

6. BONDING:

The Department will notify the applicant when to obtain a Well Driller's Bond. This will be AFTER required exam(s) are taken and passed, references received by the Department and reviewed, and the Department determines the applicant is qualified.

There are two kinds of bonds to choose from as follows. Whichever type of bond you choose must be on the Department's form.

Ž Surety Bond (Form 238-4): Be sure to take the form to your agent when you apply for the bond. The bond form must be signed by the Principal Driller. The Department cannot accept the bond without this signature.

Ž Cash Bond Pledge (Form 238-5): The Cash Bond must be with a banking entity located within Idaho.

The applicant cannot legally drill in Idaho until all qualifications have been met and the Department licenses the applicant.

The license documents and all future correspondence will be directed to the Principal Driller of the Company.